

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:



Nurse Riley
Russell County Jail
P O Box 640
Phenix City, AL 36868

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x Ashlea Mangum

☐ Agent☐ Addressee

B. Received by (Printed Name)

Ashlea Mangum

C. Date of Delivery

1-3-07

D. Is delivery address different from item 1?

☐ Yes☐ No

If YES, enter delivery address below:

3:07 CV 270

COP

5/8/07

3. Service Type

☐ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes2. Article Number
(Transfer from service)

7006 2760 0005 4873 9785

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540